

MENOPAUSE FACT SHEET

#2 SLEEP DISORDERS

Menopause is a normal stage of life,
but this doesn't stop many women
feeling embarrassed when they go through it.

The average age for Irish women is between

48 - 55 years



This Fact Sheet focuses on Sleep Disorders during Menopause. Other Fact Sheets in this series include Hot Flashes, and Contraception in the Peri-Menopause. There is a longer information leaflet on the Menopause, available in hard copy from our clinics, or in Health Matters on the website [click here](#)

SLEEP DISORDERS

At any age difficulty falling asleep and staying asleep is nearly twice as common in women as it is in men. Most people need between 7 and 9 hours sleep per night and quality of sleep is as important as quantity. The menstrual cycle, pregnancy and menopause can affect how well a woman sleeps due to changing levels of hormones such as oestrogen and progesterone.

During the peri-menopause a woman's ovaries gradually slow down and production of oestrogen and progesterone falls. There may be changes in menstrual cycle length with cycles typically becoming shorter – maybe only 3 weeks between periods and then occasional missed periods so that the cycle is sometimes 6 weeks long. Women often experience these changes from early 40s onwards even though periods do not stop until about age 50.

Hot flushes are the most common symptom of fluctuating and falling levels of oestrogen. At least 80% of women will have flushing, and this is accompanied by night sweats. This increase in body temperature may cause the woman to wake, or to have difficulty getting into a deep restful sleep. Even if total sleep time doesn't decrease, the quality of sleep does.


So women in the peri-menopause may be sleep-deprived, causing irritability and tiredness during the day, which can give rise to feelings of anxiety and even depression. In general the sleep disturbance is maximum during the period of time that women experience hot flushes. For some this is just for a year or so but about 25% of women report having flushes for five years.


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Unfortunately not everyone returns to having a good night's sleep after the hormonal fluctuations of the menopause settle. Studies of post-menopausal women suggest that more than half of older women report difficulty getting to sleep or staying asleep.

COMMON MEDICAL CAUSES OF SLEEP DISTURBANCE

-  **Restless legs syndrome (RLS)** - the woman feels uncomfortable sensations in one or both legs that are relieved by movement. It is usually at its worst at night and she has to constantly move her legs to get ease. There are many possible causes for this syndrome including anaemia due to iron deficiency or B12 / folate deficiency. A simple blood test will check if this is the cause. Similarly thyroid disorders can also have this effect and a blood test can be done to check. Medication such as some antidepressants can also cause RLS.


-  **Heartburn** is unpleasant and is usually worse when the woman is lying down. Many people try to minimise the symptoms by propping themselves up in bed on pillows. This is not conducive to getting a good night's sleep. Anyone over the age of forty who is getting regular heartburn to this extent should go to their GP to discuss possible investigations and treatment. There are many effective medications available to suppress stomach acid production and relieve the discomfort.

-  **Obesity** is increasing in the population and unfortunately there are many side effects of being overweight including sleep disturbance – often in the form of obstructive sleep apnea. The excessive fat in the neck area puts pressure on the upper airways causing difficulty breathing when the woman is lying down. In severe cases a special mask covering the mouth and nose is worn at night and air is pushed into the lungs – CPAP – continuous positive airways pressure.


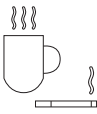
-  **Bladder problems** are more common in the peri and post menopause. This may mean a woman needs to get up to pass urine several times during the night. It is worthwhile getting checked by a doctor to make sure that there is no infection present. Having ruled that out, then the doctor may suggest fluid restriction in the evenings to avoid developing a full bladder during the night. An overactive bladder tends to cause urinary frequency day and night. If this is the issue then a discussion about bladder drill or medication to reduce bladder activity may be appropriate. Local HRT in the form of oestrogen pessaries may also be effective.

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-  **Longstanding pain** due to a condition such as arthritis often disrupts sleep. It is worthwhile talking to your GP or specialist about perhaps long – acting pain relief that can be taken in the evening and will be effective for 8 – 12 hours.

COMMON LIFE STYLE FACTORS THAT CAUSE SLEEP DISTURBANCE

-  Family disharmony, financial worries and work pressures can all impact on sleep. Often there is a combination of concerns over ageing relatives while at the same time trying to parent teenagers who are not quite adults yet.
-  Nicotine and caffeine are stimulants so having a coffee and a cigarette before going to bed will not help you fall asleep. Some people use alcohol as a nightcap. Although it may help you fall asleep, it tends to cause waking from sleep during the night.

SIMPLE STRATEGIES TO IMPROVE SLEEP

- Establish a regular bed and wake time.
- Avoid nicotine altogether and avoid caffeine close to bedtime.
- Avoid alcohol.
- Exercise regularly, but complete the workout at least three hours before bedtime.
- Establish a consistent, relaxing “wind-down” bedtime routine.
- Create a sleep-conducive environment that is dark, quiet and comfortable.
- If you feel there may be medical issues, talk to Well Woman or to your doctor.

A good information website for advice on menopause is a UK based organisation Women’s Health Concern. It is the patient arm of the British Menopause Society and has up to date information on the most recent developments on menopause management. www.womens-health-concern.org

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MENOPAUSE CONSULTATIONS IN WELL WOMAN

The initial consultation involves taking a full medical history including family history and current medication. Blood pressure and BMI are checked and a breast exam is done. If no blood tests have been done recently by your own GP, we will take routine tests for anaemia, thyroid function, diabetes and cholesterol. Other blood tests may also be taken depending on the clinical picture. Blood tests specifically checking ovarian hormones are not particularly helpful because they fluctuate from day to day so there is no test that will indicate just how far into menopause you are.

Treatment options are discussed and then depending on the history and symptoms treatment may be started straightaway or you may wish to consider the information and return on another occasion if you wish to consider the options.

We ask all patients to advise Reception when booking the initial appointment that it is a Menopause Consultation because we can then allocate sufficient clinic time. Follow up visits are shorter and can be accommodated within a standard appointment.

To book a Menopause Consultation
in one of our three Well Woman clinics,

[CLICK HERE](#)